

MULTIPLE DEPENDENT
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87)

APPLICANT(S)

09/389795

CLAIMS

NO.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	4					
TOTAL	15					
TOTAL	19					

NO.	DEP.	NO.	DEP.	NO.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
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86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL NO.					
TOTAL DEP.					
TOTAL	15	15	15	15	15